

For Official Use Only

REC-100

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1. File Number U - <u>1002</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>1144</u> <u>10</u> <u>1002</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u>4341 Summit Avenue</u> City <u>EL PASO, TX</u> State <u>TX</u> ZIP Code + 4 <u>79731</u>	4. Name, file number, and address of labor organization. Name <u>5101</u> <u>10</u> <u>1002</u> <u>1002</u> <u>1002</u> Labor Organization File Number <u>5101-79</u> P.O. Box, Building and Room Number, if any <u> </u> Street <u>4341 Summit Avenue</u> City <u>EL PASO, TX</u> State <u>TX</u> ZIP Code + 4 <u>79731</u>
5. Position in labor organization. <u>EL PASO</u> <u>1002</u> <u>1002</u> <u>1002</u>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text" value="McFARLANE, C. E. R. & S."/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text" value="RETAINING REPORT"/> 7.b. Amount. <input type="text"/>

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Mike Daniel, Jr. On 4/11/82 Date 6-16 35, 6-9-81 Telephone Number

Name of Person Filing <u>MAC DANIEL KEY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>ALCANTARA TRADING CO., INC.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>11799 BENTLEY BLVD</u> City <u>EL PASO</u> State <u>TX</u> ZIP Code + 4 <u>79931</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>SAINT JOHN'S CATHOLIC TRUST FOR EL PASO</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	11.b. Approximate dollar value of such dealing. <u>Don't Know</u>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	12.b. Amount. <u>2000</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>ALCANTARA TRADING CO., INC.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Employer **MAC David Key**

Form 1042

B. If the individual is not an individual, then the individual is a business entity. If the individual is a business entity, then the individual is a business entity. If the individual is a business entity, then the individual is a business entity.

1. Name and address of business entity (if any)

2. Business description

Name **Associated Third Party Administrator**

Trade Name (if any)

✓ **ATPA**

P.O. Box Bldg. Room No. (if any)

Street **4399 SANTA ANITA AVE SUITE 200**
City **EL MONTE**
State **CA** 91731

10. If the individual is a business entity, then the individual is a business entity.

Name **SOUTHERN CALIFORNIA TRUST FUND**

Trade Name (if any)

P.O. Box Bldg. Room No. (if any) **SAME**

Street

City

State

11. Name of individual

LUNCE

12. Name of individual **DAVID KEY**

13. Name of individual

2/27/2004

14. Amount

29.20

C. Received from any employer (other than the individual) or from any labor relations fund (other than the individual) or from any other source.

15. Name and address of employer (other than the individual) or from any labor relations fund (other than the individual) or from any other source.

Name **NOTHING TO REPORT**

Trade Name (if any)

P.O. Box Bldg. Room No. (if any)

Street

City

State

16. Name and address of employer (other than the individual) or from any labor relations fund (other than the individual) or from any other source.

Form 1042 (2003)

• U-

8. Name and date of the individual or organization that provided the information.

Transfer from 2011 to 2012:

P.O. Box 3114 Richmond, Va.

✓ ... ATi^{3+}

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10. If you are a student, please provide your school name and address.

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THE F. M. F. F.

P.O. Box 1141, Sacramento, CA 95833 SACMI--

571

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Stu:

DON'T KNOW

3/6/2004

28.70

C. Received from any employer in the calendar year for which the return is being prepared, or from any individual, relative, or estate, or from any partnership, trust, or other entity, any amount for the calendar year, such as the following:

13. Name of donor: John Doe Date: 1/1/19
 14. Address: 123 Main St, Anytown, CA 90210

• • • • •

Trade Name of drug

P.O. Box 1114, Richmond, VA 23131

Stress

(3)

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11b is the Bureau of the paper.

10. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

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Name of Person Employed **MAC DALLIN Key**

Section U

B. Has the individual received any money or other thing of value from a business, partnership, or other organization, or from any labor relation, or from any other source, during the year?

B. Name of the business, partnership, or other organization, or labor relation, or other source, if any.

Name **ASSOCIATED THIRD PARTY ADMINISTRATOR**

Trade Name, if any

or Partnership
L-1000 ATPA

P.O. Box, Bldg., Room No., if any

Street **4399 SANTA ANITA AVE Suite 200**
EL MONTE
State **CA** 91731

10. If 9b or 9c is checked, give the following:

Name **SOUTHERN CALIFORNIA TRUST FUND**

Trade Name, if any

LUNCOR

P.O. Box, Bldg., Room No., if any **SAME**

Street

City

State

11. Date of receipt

DON'T KNOW

12. Name of donor, if known

10/25/24

13. Amount

3116

C. Received from any employer (other than the one reported under parts A and B) or from any labor relation, or from any other source, during the year, any money or other thing of value.

13a. Name and address of Employer or labor relation, if any (include trade name, if any)

13b. Date of payment

Name **NOTHING TO REPORT**

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

13c. Is the Business an Employer?

13d. How was it paid?

Name of Person Filing MAC DAVID KEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name ASSOCIATED THIRD PARTY ADMINISTRATOR</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4799 SANTA ANITA AVE SANTA ROSA</p> <p>City EMERYVILLE</p> <p>State CA ZIP Code + 4 94731</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust ATPA</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name SOUTHERN CALIFORNIA TRUST FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SAME</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">LUNATIC</p>
	<p>11.b. Approximate dollar value of such dealing DON'T KNOW</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">12/1/2004</p>
	<p>12.b. Amount. 26,56</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name NOTHING TO REPORT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

August 12, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Mac David Key

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Mac David Key

**ADDEMDUM A [MEAL/EVENTS WITHOUT SPECIFIC RECORD OR
RECOLLECTION]**

It is not conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Mac David Key